

Alcohol Beverage Package or Consumption License Application

The City of Brookhaven has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Brookhaven's Alcohol Beverages, Chapter 4 as it pertains to Alcohol Beverage Privilege Licenses.

An Alcohol Beverage Privilege License is required for any establishment selling Alcohol Beverages for consumption on or off premises within the city limits of Brookhaven.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Brookhaven.

Alcohol Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcohol Beverage Privilege License will expire each year on December 31st. It is the establishment's responsibility to renew the license each following year.

The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

Please submit the following Alcohol Beverage Privilege License Application and required supplemental materials in person (detailed in the following checklist) to the Finance Department located at 200 Ashford Center North, Suite 150, Atlanta, GA 30338. If you have questions, please do not hesitate to contact the Finance Department at 404.637.0500.

Alcohol Beverage Package or Consumption License Checklist

Application Requirements: (In Duplicate)

- ☐ Applicant Information
- ☐ Personnel Statements for any and all owners or partners with 10% or more ownership (If Applicable)
- ☐ Signed & Notarized Affidavit from Applicant (Notarized)
- ☐ 2 Passport photos for all Personnel Statements
- ☐ Copy of Menu (If Applicable)
- ☐ Registered Agent
- ☐ 2 Passport photos of the Registered Agent
- ☐ SAVE Affidavit Form (Notarized)
- ☐ Background Check Consent Form for Licensee
- ☐ Background Check Consent Form for Registered Agent
- ☐ Background Check Consent Form for any and all owners or partners with 10% or more ownership (If Applicable)
- ☐ Occupational Tax Registration
- ☐ Alcohol Excise Tax Acknowledgement (If Applicable)
- ☐ Copy of the lease to the premises, or proof of ownership of the premises, or proof of authorization for use of the premises
- ☐ Legal Land Survey (New Applicants—see description on following page)
- ☐ Floor Plan Drawing
- ☐ Review by Zoning Department
- ☐ Certificate of Occupancy
- ☐ Fire Department Approval
- ☐ Health Department Approval
- ☐ Patio Permit (If Applicable)
 - For consumption on premise with outdoor seating. Form is located on website.
- ☐ Pouring Permits required for all Managers/Supervisors (If Applicable)
 - For consumption on premise licenses. Form is located on website.

Application Required Attachments:

- ☐ Payment in Full (Cash in person, Cashier's Check or Money Order ONLY)
- ☐ Signed Authorization for Criminal Background Check (any and all owners or partners with 10% or more ownership and registered agents)
- ☐ Fingerprinting by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-11:00am or 1:00pm-3:00pm)
- ☐ Photographing by the City of Dunwoody Police Department (Tuesdays & Thursdays: 9:00am-11:00am or 1:00pm-3:00pm)

The following items may be required, if applicable:

- ☐ Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Description of an accepted Legal Land Survey

A valid legal land survey must meet the requirements detailed in the City of Brookhaven Chapter 4 Alcoholic Beverage Ordinance, Section 4-101 Distance from churches, school, etc., which can be found in the Code of Ordinances on our website at www.brookhavenga.gov or by calling the Planning Department at 404.637.0500.


****Please note, all legal land surveys must be certified by a registered surveyor****

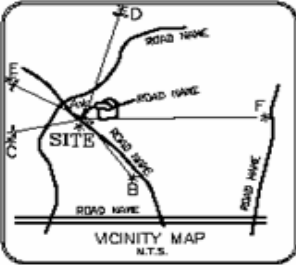
Distances shall be clearly indicated on the legal land survey and measured using the most direct route of travel on the ground by measuring:

- (1) From the front door of the structure from which alcoholic beverages are sold or proposed to be sold; and
- (2) In a straight path to the front door of the building or to the nearest portion of the grounds.

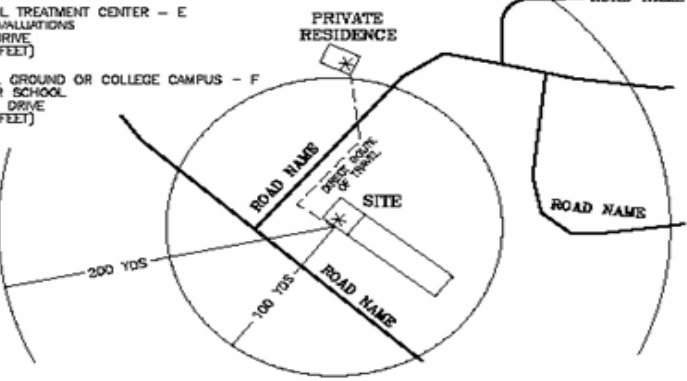
An example of an acceptable legal land survey is below:

APPLICANT: Mr. John Doe XXX-XXX-XXXX		SITE ADDRESS: NONAME FOOD MART XXXX NONAME ROAD - SUITE X DUNWOODY, GA. XXXXX	
SEE VICINITY MAP FOR LOCATIONS			
NEAREST PRIVATE RESIDENCE - A XXXX PRIVATE DRIVE XXX FEET ALONG DIRECT PATH OF TRAVEL			
NEAREST CHURCH - B NONAME CHURCH OF GEORGIA XXXX WORSHIP RD. 0.X MILES(XXXX FEET)			
NEAREST ADULT ENTERTAINMENT - C NONAME ADULT ENT. XXXX ADULT DRIVE 0.X MILES(XXXX FEET)			
NEAREST PACKAGE STORE - D NONAME PACKAGE STORE XXXX PACKAGE DRIVE 0.X MILES(XXXX FEET)			
NEAREST ALCOHOL TREATMENT CENTER - E NONAME DRUG EVALUATIONS XXXX ALCOHOL DRIVE 0.X MILES(XXXX FEET)			
NEAREST SCHOOL GROUND OR COLLEGE CAMPUS - F NONAME CHARTER SCHOOL SCHOOL GROUND DRIVE 0.X MILES(XXXX FEET)			






VICINITY MAP
N.T.S.



200 YDS
100 YDS

GRAPHIC SCALE



(IN FEET)
1 inch = 200 ft.

ALCOHOLIC BEVERAGE SURVEY FOR:			
NONAME FOOD MART			
XXXX NONAME ROAD - SUITE X			
NONAME LAND SURVEYORS			
ADDRESS			
PHONE NUMBER			
Date:	Land Left:	Sheet No.	
County:	Scale: 1"=200'		
Drawn By:	Checked By:		
Job Number:	File Number:		

Rev. By:	Date:	Revision:

Alcoholic Beverage License Application

Business Information	Business Name:		Business Address:		City/State/Zip:																																																																			
	Business Telephone:		Mailing Address:		City/State/Zip:																																																																			
	Check One: () New Location () New Licensee () New Ownership () Other –Specify Type of Change Administrative Fees: () Beer and/or Wine \$100 () Liquor \$200																																																																							
	Type of Business: <input type="checkbox"/> Convenience/Grocery <input type="checkbox"/> Grocery with Gas <input type="checkbox"/> Super Market		<input type="checkbox"/> Restaurant <input type="checkbox"/> Nightclub/Bar <input type="checkbox"/> Package/Liquor Store <input type="checkbox"/> Country Club		<input type="checkbox"/> VFW <input type="checkbox"/> American Legion Post <input type="checkbox"/> BPOE (Elks Club) <input type="checkbox"/> Other																																																																			
License Information	Type of License: <input type="checkbox"/> Consumption on Premise <input type="checkbox"/> Retail/Package																																																																							
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">Monthly Fees</th> <th style="width: 5%; text-align: center;">X</th> <th style="width: 20%; text-align: center;">Number of Months</th> <th style="width: 5%; text-align: center;">=</th> <th style="width: 35%; text-align: center;">License Fee Due</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Beer Only</td> <td style="text-align: right;">\$50.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Wine Only</td> <td style="text-align: right;">\$50.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Beer & Wine</td> <td style="text-align: right;">\$75.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Liquor-Retail or COP</td> <td style="text-align: right;">\$333.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Additional Movable Bars</td> <td style="text-align: right;">\$25.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Additional Fixed Bars</td> <td style="text-align: right;">\$50.00</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Sunday Sales</td> <td style="text-align: right;">\$91.66</td> <td style="text-align: center;">X</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Patio Permit</td> <td style="text-align: right;">\$50.00</td> <td></td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="text-align: right;">(Annual)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;"> Total Fee Due with Administrative Fee: </td> </tr> </tbody> </table>							Monthly Fees	X	Number of Months	=	License Fee Due	<input type="checkbox"/> Beer Only	\$50.00	X		=		<input type="checkbox"/> Wine Only	\$50.00	X		=		<input type="checkbox"/> Beer & Wine	\$75.00	X		=		<input type="checkbox"/> Liquor-Retail or COP	\$333.00	X		=		<input type="checkbox"/> Additional Movable Bars	\$25.00	X		=		<input type="checkbox"/> Additional Fixed Bars	\$50.00	X		=		<input type="checkbox"/> Sunday Sales	\$91.66	X		=		<input type="checkbox"/> Patio Permit	\$50.00			=			(Annual)					Total Fee Due with Administrative Fee: 					
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Sunday Permits are only issued to eating establishments. New Establishments are given up to six (6) months to comply with the minimum food sales requirements. Food sales must be at least 60% of total annual food and alcohol sales.																																																																								
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Applicant/Ownership	Type of Ownership: () Single Proprietor () Partnership () Association () Corporation or LLC																																																																							
	Corporate Name:		Corporate Address:		Date of Incorporation/State of Inc.																																																																			
	Corporate Officers or Partners	Home Address	City/State/Zip	% of Interest	Social Security #																																																																			

Affidavit	<p>This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ the Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license.</p>					
	Signature of Applicant/Licensee:		Date:		Seal:	
	Signature of Notary Public:		Date:			
Additional Information	<p>Will you have entertainment? If Yes, Describe in Detail.</p>					
	<p>Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If Yes, give the name of that person, name of business, and complete address:</p>					
	<p>List the full name, Address and other pertinent information for each person having any ownership interest in this business:</p>					
	Name	Address	City/State/Zip	Social Security #	Date of Birth	%Interest
	<p>List the Name and address of owners of the building and land and the name and address of the lessor or sub lessor:</p>					
	<p>Owner Building: _____</p>					
<p>Owner Land: _____</p>						
<p>Lessor: _____</p>						
<p>Sub-Lessor: _____</p>						
<p>How much money is being invested in the business and by whom?</p>						
<p>Total amount of money paid _____</p>						
Name of Person	Home Address	City/State/Zip	Amount of Money			
<p>How Much of the Money is being borrowed and by whom?</p>						
<p>Total amount borrowed _____</p>						
Name of Bank, Business or Person	Street Address	City/State/Zip				

	Name and Home Address of the Manager:
	Have you attached a copy of the floor plans of this business showing inside layout of the store, including entrance(s) and exit(s)? Night clubs and restaurants needs to show kitchen, bathrooms, dining areas, entertainment area and any offices. () Yes () No
	Have you attached two (2) registered agent forms with pictures of the agent? () Yes () No
	If you are a gas station that is selling beer and wine, applying to sell liquor: <ul style="list-style-type: none"> <input type="checkbox"/> Have you submitted as built plans to the Community Development department showing that there are no common storage areas or doors, or common cash registers to the area of the store selling products other than distilled spirits. (Yes/No) <input type="checkbox"/> Have you registered a second and separate legal address for the area of the store selling products of than distilled spirits. (Yes/No) <input type="checkbox"/> Have you submitted a personnel statement proving separate employees for each location. (Yes/No)
	*** Please note any application that does not submit all of the above requirements will be denied.
Have you received a copy of the City of Brookhaven Alcoholic Beverage Ordinance? () Yes () No	
No application may be processed without acknowledgement of receipt of this document.	

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Personnel Statement

NAME Last:		NAME First:		NAME Middle:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases / Stage Names:		Social Security Number:	
Home Address:			City/State/Zip:		
Date of Birth: / /		Phone:		BIRTHPLACE City: State:	
Are you a U.S. Citizen?		Naturalized? Provide Certificate No.(Yes/No)		Date, Place, Court.	
Petition Number		Derived Parents Certificate No.		Alien Register No.	
*** Note a copy of Resident Alien Card and Driver's License must be provided at the time of application. The application will not be accepted without this documentation.					
Native Country:		Date of Entry:		Port of Entry:	
Marital Status:		If Married, Spouse's Name:		Spouse's SS No:	
Spouse's Date of Birth:		Spouses Employer:		Address of Spouse's Employer:	
Business of Employment:					
Job Title:			Supervisor:		
Street Address:					
Phone:			Length of Employment:		
% Ownership if any:			Salary or Annual Compensation:		
Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.					
1) _____					
2) _____					
3) _____					
Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.					
Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give details.					

Employment Record (Most Recent First)	If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).							
	Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.							
	Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.							
	Reason Charged or Held			Date			Place of Charge	
	Reason Charged or Held			Date			Place of Charge	
	No Arrests? (Yes/No)					Attached additional Arrests? (Yes/No)		
	Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc.) Specify which and show dates used.							
	From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
	Month	Year	Month	Year				
Residences for the Past Ten Years	Dates		Street		City	State		
	From	To						

Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County. I

_____do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature: _____

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

Please Attach Original Photograph (front view) taken within the past year (copies are not acceptable).

Sworn and Attested before me on this _____ day of _____, 20_____.

Notary Signature/Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Registered Agent Form

Agent Information	NAME Last:	NAME First:	NAME Middle:
	Date of Birth: / /	Social Security Number: - -	
	Home Address:		City/State/Zip:
	Are you a U.S. Citizen?	Home Telephone Number:	Business Telephone Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE City:	BIRTHPLACE State:
Business	Business Name:		
	Street Address:		City/State/Zip

City of Brookhaven Code Chapter 4, Article 2, Section 27 requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance.

The registered agent must live in DeKalb County. The owner can be their own registered agent if they live in DeKalb County.

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Brookhaven Code Chapter 4, Article 2, and Section 27. **I also consent to the required criminal background investigation in order to serve as a registered agent.**

Signature of Agent: _____ Date: _____

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Agent Information	Licensee Name		Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.
	Licensee's Signature	Date	
	Owner's Name		
	Owner's Signature	Date	
	Officer's Name	Title	
	Officer's Signature	Date	

O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

(Must include copy of either current State Driver's License, Passport, or Military ID)

2) _____ I am a legal permanent resident of the United States.**

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.**

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____(state).

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

My Commission Expires: _____

NOTARY PUBLIC/SEAL

Alcohol Excise Tax Acknowledgement

Pursuant to the Chapter 4 Alcoholic Beverage Ordinance, all licensed businesses in the City of Brookhaven that hold a valid City of Brookhaven Alcoholic Privilege License to serve **liquor for consumption on premises** must be responsible for submitting their monthly Alcohol Excise Tax returns. Below is an excerpt of Article 8 Excise Tax from the Chapter 4 Alcoholic Beverage Ordinance.

Tax Imposed on Sale of Drinks Containing Distilled Spirits

There is imposed upon the retail sale of drinks containing distilled spirits in the City a tax in the amount of three percent (3%) of the purchase price of the drink to the consumer. A record of each sale shall be made in writing and maintained for inspection by any authorized agent of the City.

Licensee to Collect and Remit

Every consumption on the premises licensee shall collect the tax imposed by this article from purchasers of drinks containing distilled spirits. The licensee shall furnish such information as may be required by the City of Brookhaven to facilitate the collection of the tax.

Payment and Returns by Licensee

- (a) Each licensee shall pay over the amount of taxes collected and coming due under this Article in any calendar month to the City no later than the **twentieth day of the following calendar month**.
- (b) On or before the twentieth day of each month, a return for the preceding month shall be filed with the City of Brookhaven by each licensee liable for the payment of tax under this article. Returns shall be in such form as the City may specify and shall show the licensee's gross receipts from the sale of drinks containing distilled spirits and the amount of taxes collected or coming due thereon.

Any amounts collected in excess of three per cent (3%) of the taxable sales shall be reported and paid to the City.

- (c) Licensees shall be allowed a percentage of the tax due and accounted for and shall be reimbursed in the form of a deduction in submitting, reporting, and paying the amount due, if said amount is not delinquent at the time of payment. The rate of deduction shall be the same rate authorized for deductions from State sales and use tax under O.C.G.A. § 48-8-50.

Alcohol Excise forms can be found on our website at www.brookhavenga.gov. Please sign and date below acknowledging that you understand your responsibility to report your monthly Alcohol Excise Taxes to the City of Brookhaven.

Contact for Excise Taxes

404.637.0500

revenue@brookhavenga.gov

Signature: _____

Date: _____

Business Name: _____

Phone: _____

Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays.**

I authorize the Dunwoody Police Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Sec#: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

For Finance Dept Use Only:

- ☐ Only Background Check & Fingerprints (No Permit Required)
- ☐ Only Background Check (No Permit Required)
- ☐ Return Results to Finance Department
- ☐ Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing: _____ Date Complete: _____

Record Attached: _____ No Record: _____